

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024831

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 113

FILED JUL 10 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mineral Twp.

Length of stay in 1b
6 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Carthage

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF DECEASED (If not in hospital, give location)
HOSPITAL OR INSTITUTION Elmhurst Convalescent Home

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
909 Orchard St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

NANCY

ELLEN

WATSON

(Type or print)

4. DATE OF DEATH

Month

Day

Year

July 4, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH

12-7-1876

9. AGE (last birthday)

86

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

11. BIRTHPLACE (City and state or country)

Bentonville, Ark.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Stamps

13b. MOTHER'S MAIDEN NAME

Unk

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Address

Mrs. Floyd James, 1310 Regan, Carthage, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

DUE TO (b)

arteriosclerotic - left heart

DUE TO (c)

Septicemia

1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

☐ ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 15, 1963 to July 3, 1963 and last saw her alive on July 3, 1963

Death occurred at 9 PM - July 4 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lewis H. Taylor M.D.

22b. ADDRESS

201 Medical Arts Bldg.

22c. DATE SIGNED

7-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-7-1963

23c. NAME OF CEMETERY OR CREMATORY

Fasken Cemetery,

23d. LOCATION (City, town, or county)

Route 1, Carthage, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

KNELL MORTUARY, CARTHAGE, MISSOURI

25. DATE RECD. BY LOCAL REG.

7-7-63

26. REGISTRAR'S SIGNATURE

Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

0490

0497

3

4

5

6

7

8

9

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11

12

13

86-0

1-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 22 1963

4480
4481

Removal permit 7-4-63

1
1
1
2
2

0-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.